DMV 41-TR (Rev.10/02)



WEST VIRGINIA DIVISION OF MOTOR VEHICLES CHARLESTON, WV 25317

PARKING APPLICATION FOR MOBILITY IMPAIRED PERSONS

Name Last First Middle Social Security Number	SECTION 1: APPI	LICANT IN	FORMATION	N Please p	rint in ink	or type all	of the following in	format	ion			
Indicate type of permit desired Placer Check box that applies Original Placerd Orig	Name Last First Middle								Social Security Number			
Indicate type of permit desired Check box that applies Original Placard Renewal of Placard Current Plate Number Lost or Stolen Plate Number Complete Placard Current Plate Number Lost or Stolen Plate Number Complete Placard Current Plate Number Complete Placard Current Plate Number Current Plate	Mailing Address/ Physical Address								Daytime Telephone Number			
Original Placard Renewal of Placard Duplicate Placard Original Placard Renewal of Placard Duplicate Placard Original Placard Origi	City	ty State Zip				e	Date of Birth		Sex			
Title Number Make Year Weight Current License Plate Vehicle Identification Number		acard Renewal of Placard		Current Plate Number		Lost or Stolen Plate Number						
Certify that I am a person with a mobility impairment which limits or impairs my ability to walk. I understand that any false statement may result in legal penalties pursuant to West Virginia Code 17C-13-6. A parent or legal guardian may sign for the applicant. SIGNATURE OF APPLICANT OR PARENT/OR LEGAL GUARDIAN DATE												
statement may result in legal penalties pursuant to West Virginia Code 17C-13-6. A parent or legal guardian may sign for the applicant is unable to do so. Please note your relationship to the applicant. SIGNATURE OF APPLICANT OR PARENT/OR LEGAL GUARDIAN SECTION 2. Complete only if you regularly transport the above person and wish to obtain a permit. Section 1 must be completed and signed to such a signed and signed signed to such an extent that the person signed as outlined in Federal Law 22 GPR 1235, 2619-16—WV. State Law 17C13-6 Permanent—Valid 1-5 years Temporary Valid for 6 months Cannot walk 200 feet without stopping to rest Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assisted device Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than on liter, or the arterial oxygen tension is less than 60mm/hg on room air at rest. Uses portable oxygen Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III of Class IV according to standards set by the American Heart Association Are severely limited in their ability to walk due to arthritic, neurological, or orthopedic condition. All physician's signatures and medical licenses are subject to review and verification. Physicians may be required to submit further documentation to substantiate the disability. Physician's Name (Please print in ink or type) Date Telephone Number Telephone N	Title Number	Title Number Make Year W					Current License Plate Vehicle Identification Num			Identification Number		
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Name Last First Middle Social Security Number Mailing Address / Physical Address City State Zip Code Relationship to Applicant Signature of Person who Transports Date SECTION 3. PHYSICIAN'S CERTIFICATION The certified applicant is a patient of mine and in my professional opinion his/her ability to walk is limited or impaired based on one of the following reasons as outlined in Federal Law 23 CFR 1235 2(b)1-6-WV. State Law 17C13-6 Permanent - Valid 1-5 years DEXPIRATION The permanent of insuance and the completed by a MD or DO. Expiration depends on the federal Law 23 CFR 1235 2(b)1-6-WV. State Law 17C13-6 Permanent - Valid 1-5 years DEXPIRATION The permanent of insuance and the person of the following reasons as outlined in Federal Law 23 CFR 1235 2(b)1-6-WV. State Law 17C13-6 Permanent - Valid 1-5 years DEXPIRATION The permanent of insuance and the person of the device of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assisted device by spirometry, is less than on liter, or the arterial oxygen tension is less than 60mm/hg on room air a trest. Uses portable oxygen Has a cardiac condition to the extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than on liter, or the arterial oxygen tension is less than 60mm/hg on room air a trest. Uses portable oxygen Has a cardiac condition to the extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than on liter, or the arterial oxygen tension is less than 60mm/hg on room air a trest. City was deviced in severity as Class III of Class IV according to standards set by the American Heart Association Are severely limited in their ability to walk due to arthritic, neurological, or orthopedic condition. All physician's signatures and medical licenses are subject to review and verification. Physicians may be required to submit further documentation to substantiate the disability. Physician	SIGNATURE OF AI	PPLICANT	OR PARENT /	OR LEGA	AL GUAF	RDIAN				DATE		
Name Last First Middle Mailing Address / Physical Address Daytime Telephone Number City State Zip Code Relationship to Applicant Date SECTION 3. PHYSICIAN'S CERTIFICATION I this section must be completed by a MD or DO. I certify and affirm that the above described applicant is a patient of mine and in my professional opinion his/her ability to walk is limited or impaired based on one of the following reasons as outlined in Federal Law 23 CFR 1235.2(b)1-6-WV. State Law 17C13-6 Permanent - Valid 1-5 years Expiration depends on the date of issuance Cannot walk 200 feet without stopping to rest Cannot walk without the use of or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair or other assisted device Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by a spirometry, is less than on liter, or the arterial oxygen tension is less than 60mm/hg on room air at rest. Uses portable oxygen Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III of Class IV according to standards set by the American Heart Association Are severely limited in their ability to walk due to arthritic, neurological, or orthopedic condition Note: Please fill out this entire section. Failure to do so will result in this form being returned to the sender for completion. All physician's Signatures and medical licenses are subject to review and verification. Physicians may be required to submit further documentation to substantiate the disability. Physician's Name (Please print in ink or type Medical License Number Medical License Expiration Date Business Address City State Zip Code Expiration Date Lost Stolen	SECTION 2. Comp	lete only if y	ou regularly t	ransport t	he above	person an	d wish to obtain a p	permit				
City State	Name Last First Middle							Socia	al Securi			
Signature of Person who Transports Date	Mailing Address / Physical Address							Daytime Telephone Number				
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	Placard / Plate Number						Previous Placard / Plate Number					

INSTRUCTIONS

NOTE: All Applicants must be West Virginia residents:

- 1. Mobility impaired person completes Section 1 complete and sign the entire section
- 2. When a person who regularly transports an applicant, applies for a placard or plate on behalf of a mobility impaired person, Section 1 must be completed and signed
- 3. A licensed physician completes Section 3
- 4. The completed application can be processed at any DMV Regional office or submitted by mail to the address listed below:

Division of Motor Vehicles
Mobility Impaired Placard & Plates
Building 3, Capitol Complex
Charleston, WV. 25317

Placard Display Information

When parked in a mobility impaired parking space, display the placard by hanging the placard on the rearview mirror or, in the absence of a mirror post, on the dashboard.

Replacement

If a parking placard or special license plate has been lost, stolen, mutilated or destroyed, a replacement may be requested at any DMV Regional offices or by mail to the DMV in Charleston. The cost of a replacement placard is \$5.00 per placard. Customer must complete a new application, doctor's recertification is not required.

Renewal

Permanent mobility impaired parking placards & plates privileges and the special ID cards are renewed every FIVE years. Renewal reminders will be mailed prior to expiration, to the address you have provided. However, the license plate expires each or every other year.

Return Placards & Plates When:

- 1. The person to whom the permit has been issued is deceased or has moved out of state.
- 2. The person has found or has in his/ her possession a permit that was not issued to that person.
- 3. The permit was reported lost or stolen and is later found after a duplicate has been issued.
- 4. Special license plates shall be surrendered to your local DMV Regional office.

Penalties

A fine of up to \$500.00 may be assessed for filing fraudulent applications for a mobility impaired parking permit. This fine also applies to the misuse of a parking space reserved for persons with a walking mobility impairment.

Remember

It is unlawful to loan this placard to any person for any reason, regardless of whether that person is mobility impaired. The mobility impaired person does not have to own or drive the vehicle to use the placard. Placard **should** be hung from the rearview mirror when parked, but should **be removed** from the mirror when **driving**.

Local governments designate parking spaces for persons with mobility impairments by local law or ordinance. Contact your local government if you have a question about designated parking for the mobility impaired.

Mobility Impaired License Plates and Motorcycle

Information concerning transfer and fees for obtaining a plate or exchange, call TOLL FREE 1-800- 642-9066(in state) or 304-558-3900.